

## AMERICAN INTELLIGENCE.

## ORIGINAL COMMUNICATIONS.

*Gunshot Wound in the Mouth; Secondary Hemorrhage; Ligature of Common Carotid Artery; Recovery.* By CHAS. R. S. CURTIS, M. D., of Chicago, Ill.

On the 19th of April, 1857, about 8 o'clock in the evening, I was summoned in haste to a consultation with my friend, Dr. J. H. Ledlie. The history of the case was as follows: The patient, an Irishman, some ten days or two weeks previously, in a drunken row, had been shot with a pistol, the ball entering the mouth, knocked out the lower incisors, and, penetrating the tongue, passed backwards and outwards to the angle of the lower maxillary bone. Striking the bone, it was turned from its course, and, passing directly backwards, buried itself in the deep fibrous tissues of the neck. Dr. B. McVicker, of this city, was sent for, and attended the case. He was, however, unable to remove the ball, and it was left to come away by the suppurative process.

The patient, I believe, appeared to be doing very well up to the afternoon of the 19th, when a sudden and violent hemorrhage took place from the orifice of the wound. The attending physician was immediately sent for, but, as he could not be found, Dr. Ledlie was called in his stead. The doctor, after having adopted a variety of measures to stop the flow, and finding them unavailing, sent for me.

By the time I saw the patient, he had suffered much from loss of blood, and was still bleeding profusely. It was evident from the colour of the blood, and from the fact that the intensity of its flow corresponded with the pulsations of the heart, that the ulcerative process around the ball had penetrated an arterial branch of some magnitude, and, consequently, we could expect little from ordinary styptic remedies. I, however, suggested to the doctor that we should make one more effort to arrest the bleeding, before resorting to operative interference. Accordingly, we proceeded to plug the wound with fine lint dusted with tannin, after the manner of the tampon. The lint was pressed in tight and close as far as to the angle of the inferior maxilla, and apparently at first with perfect success. The hemorrhage was stopped. The patient was cleaned up, and I was about to retire, leaving the patient in the hands of Dr. Ledlie for the night, when he suddenly notified us that the bleeding had recommenced. No further time was to be lost. Our patient was already much reduced. The doctor concurred with me in the opinion that the only alternative left us was to ligate the common carotid artery as soon as possible.

Accordingly, the patient was laid upon his back, with his head depressed and a little inclined to the left, so as to place the right side of the neck in as fair a position for operating as possible (the ball having entered on the right side). I then proceeded to make an incision through the skin and superficial cellular tissue, from a point over the anterior edge of the sternocleidomastoides and on a level with the pomum Adami, downwards about

two inches towards the sterno-clavicular articulation. The next incision penetrated the platysma hyoides, and exposed the omo-hyoid, the sterno-cleido-mastoid, and a part of the sheath of the vessels. The omo-hyoid was readily pressed to one side, but, owing to an unusual development, some of the fibres of the sternal portion of the sterno-cleido-mastoideus were divided and pressed to one side, so as to fully expose the sheath of the vessels. The decendens noni nerve was observed and avoided. The sheath was carefully raised and opened, and the artery, nerve, and vein were found *in situ*. An aneurism needle was now introduced, armed with a strong ligature, between the artery and vein, and cautiously passed around the vessel, carefully avoiding the pneumogastric nerve. The instrument being now withdrawn, a double knot was applied and the ligature drawn until the inner coat of the artery was distinctly felt to yield. The ends of the ligature were suffered to hang out, the edges of the wound were brought together by the interrupted suture and adhesive plasters, and the tepid water dressing and an anodyne ordered. The operation was followed by no remarkable disturbance of the arterial or cerebral functions. The hemorrhage ceased almost instantaneously, and the patient was left for the night in a very comfortable and quiet condition.

20th. The patient doing nicely. No further hemorrhage; pulse one hundred. Continued the tepid water application. Ordered him to maintain the recumbent posture, to observe a low diet, and to take the following: R.—Liq. potass. citrat. ℥ij; aquæ camph. ℥iij; spts. eth. nitrici ℥j; morph. acet. gr. vj; antimon. tart. gr. iv.—M. One teaspoonful to be given every hour.

I now left the patient in the hands of Dr. Ledlie, who continued him on the above treatment, occasionally ordering a mild cathartic. The doctor frequently reported him to me as doing well up to about the end of the second week, when we visited him together and removed the ligature, the wound in the neck having healed kindly by the first intention, except where the ligature passed out. At this time, there was a good deal of inflammation and swelling about the jaw and neck near where the bullet was supposed to be lodged. Suppuration was undoubtedly progressing, and, in order to favour its progress, outward warm fomentations were ordered. These were continued for several days, when we again visited him, and the abscess, having begun to point, was opened with a sharp-pointed bistoury. A good deal of unhealthy pus escaped, but the bullet did not come away for several days. But when it had passed off, the abscess healed kindly, and in a few weeks the patient was able to go about his business as healthy and strong as ever.

Some of the most interesting circumstances in connection with this operation were that it was done in a case of emergency, with but one professional assistant, without the aid of chloroform, and with no other light than what a miserable article of tallow candles could afford.

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*Strangulated Inguinal Hernia successfully treated by an Enema of Tobacco Decoction.* By BEVERLY P. REESE, M. D., of Ford's Depot, Dinwiddie Co., Va.

On the night of the 29th September, 1858, I was summoned in great haste to visit a Mr. V., who, the messenger said, had been taken suddenly ill while at the supper-table and had fallen from his seat, and his wife had sent for me, with urgent solicitations to get to his aid as soon as possible. Upon my arrival, I found the patient lying on the floor, behind the door,